ATTACHMENT 2.2-A

Page 1

OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency* Citation(s)

Groups Covered

Tennessee Dept. of

Human Services

The following groups are covered under this plan.

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups
- 42 CFR 435.110 . 1. Recipients of AFDC

The approved State AFDC plan includes:

- /X/ Families with an unemployed parent for the mandatory 6-month period and an optional extension of 6 months.
- /X/ Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students /X/ in a secondary school or in the equivalent level of vocational or technical training and who may be reasonably expected to complete the program before reaching age 19.

standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

- 42 CFR 435.115 2. Deemed Recipients of AFDC
 - a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage.

No. <u>92-6</u> Supersedes TN No. 90-26

Approval Date 6-2-92 Effective Date 1/1/92

1991

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OMB NO.: 0938-

State: Tennessee

Agency* Citation(s)

Groups Covered

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I) of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A) of the Act

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

4ub(h) and 1902(a)(10)(A) (i)(I) of the Act d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

TN No. 92-6 rsedes

Approval Date 6-2-92 Effective Date 1/1/92

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OMB NO.: 0938-

State: Tennessee

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902 (a)(10)(A)(i)and 1905(m)(1) of the Act

3. Qualified Family Members (Medicaid Only)

See Item A.10, pg 4b.

1902(a)(52) and 1925 of the Act

of earnings, hours of employment, or loss of earned income dispersed and a second control of the 4. Families terminated from AFDC solely because earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

No. 92-6 Supersedes

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TN No. 90-26

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1991

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State: Tennessee

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.113

- 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
 - a. Families denied AFDC solely because of income and resources deemed to be available from--
 - Stepparents who are not legally liable for (1) support of stepchildren under a State law of general applicability;
 - (2) Grandparents:
 - Legal guardians; and (3)
 - (4) Individual alien sponsors (who are not spouses of the individual the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

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Revision: HCFA-PM-91-4

(BPD)

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State: Tennessee

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.114

6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

_____ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

X Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

______ Not applicable with respect to intermediate care facilities; State did or does not cover this service.

1902(a)(10)
(A)(i)(III)
and 1905(n) of
the Act

- 7. Qualified Pregnant Women and Children.
 - a. A pregnant woman whose pregnancy has been medically verified who--
 - (1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

No. <u>92-6</u> ersedes Approval Date6-2-92

Effective Date 1/1/92

TN No. 86-23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| | State: | TENNESSE | E | | | |
|-------------|----------|--------------|------------|------|------------|--|
| | | COVERAGE AND | CONDITIONS | OF E | LIGIBILITY | |
| Citation(s) | , | | | Grou | ps Covered | |

- Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 7. a. (2) Is a member of a family that would be , eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
 - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A) (i)(III) and 1905(n) of the Act

b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children born after

(specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

TN No. 7/27/92 Supersedes Approval Date Effective Date 4/1/92

TN No. 92-6

FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Tennessee COVERAGE AND CONDITIONS OF ELIGIBILITY Citation(s) Groups Covered

> A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A) (i)(IV) and 1902(1)(1)(A) and (B) of the Act

1902(a)(10)(A)

1902(1)(1)(C)

1902(a)(10)(A)(i)

(VII) and 1902(1)

(1)(D) of the Act

of the Act

(i)(VI)

- Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1) (1)(A) and (B) of the Act. The income level for this group is specified in <u>Supplement 1</u> to <u>ATTACHMENT 2.6-A</u>.
 - The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

TN No. 93-11 Supersedes

 $TN^{-}No.$ 92-23

Approval Date JUN 1 1993

Effective Date 1/1/92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| 5 | TE THAN ONDER TITLE AIR OF THE SOCIAL SECURITY ACT |
|-------------|---|
| Sta | : TENNESSEE |
| | COVERAGE AND CONDITIONS OF ELIGIBILITY |
| Citation(s) | Groups Covered |
| | A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) |
| 1902(a)(10) | 10. Individuals other than qualified pregnant wome |

(A)(i)(V) and 1905(m) of the Act

and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5) of the Act

A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under 11. a. the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6) of the Act b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

TN No. 7/27/92 Approval Date Supersedes Effective Date 4/1/92

TN No. 92-6 (pages 4b & 5)

Revision: HCFA-PM-92 -1 (MB) FEBRUARY 1992

ATTACHMENT 2.2-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| | State: | TENNESSEE | | | | | |
|-------------|--------|-----------|-----|------------|----|--------------|------|
| | | COVERAGE | AND | CONDITIONS | OF | ELIGIBILITY | |
| Citation(s) | ~ | | | | Gr | oups Covered | |
| | | | | | | | |

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(4) of the Act

42 CFR 435.120

- 12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
- 13. Aged, Blind and Disabled Individuals Receiving Cash Assistance
 - a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged Blind X Disabled

Approval Date 7/27/92 Effective Date 4/1/92 Supersedes TN No. 92-6

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OMB NO.: 0938-

State: Tennessee

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

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This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged

X Blind

X Disabled

*Agency that determines eligibility for coverage.
